Revised December 1974		CALIFORNIA LIQUID W	ASTE MANIER RECORD	SFUND RECORDS CTR
	•	STATE WATER RESOUR	CES CONTROL BOARD	999000494
STATE DEPARTMENT OF HEALTH				
PRODUCER OF VASTE	(Must be filled by pro	ducer)	HAULER OF WASTE (Must be filled by haul	···
Name (print or type);_	WESCOCK !		Hame (print or type): Superior Indu	
Pick up Address:	(Number) (Street)	(A) ST L	Businese Address: 25013 W. Nanche	
Telephone Number:) P.O. or Com	tract No.	Telephone Mumber: 778 1642 Pick Up:	Timo:Dpa
Order Placed By:		Date://	State Liquid Waste Mauler's Registration No. (if app	olicable): 40)
Type of Process			Job No.0/006 No. of Loads or Trips:	
	(Examples: metal plating, equ	igment cleaning, oil drillingCode No. ng bath, petroleum refining)		lathed, Onther WW.
DESCRIPTION OF WASTE (Must be filled by producer)			The described waste was houled by me to the facility named below and was accepted.	disposal
Check type of wastes:			I certify (or declare) under penalty of perjury that the foregoing is true	
1	1. Acid solution 2. Acid solution	8. [] Tank bottom sediment 9. [] Oil	and correct.	Sture of authorized agent and title
	3. Pesticides 4. Paint sludge	10. Drilling mud 11. Contaminated soil and sand	DISPOSER OF WASTE (Must be filled by the OPERATING	SPESSOR STATE
1	5. [] Solvent 6. [] Tetraethyl lead sludge	12. Gammary waste 13. Gammary waste	Name (print or type): 2425 Su. 6	artield Ave.
	7. Chemical toilet Wastes	14. O Mid and water 15. O Brine	Site Address	, Calif. 91754
Other (Specify)			The haule: apove delivered the described wa	ste to this disposal facility and
		Code No.	it was an acceptable material under the ter Department of Health regulations, and local	
Components:	c acid, lime, caustic soda,	Goncentration:	Owencity measured at site (if applicable):	State tee (if anv):
	list), motals (list),	Upper Lower t ppe	Handling Method(s):	
,			recovery	
2.			treatment (specify):	A'
			treatment (specify): (Fximples: incineration, n. disposal (specify):	Danifill Dinjection well
		— — H H	If waste is held for disposal eleguhere specify fine	//Cde No.
3.			Disposal Date:	
6.	······································		I certify (or declare) under penalty	
Hazardous Properties of	f Hanta		of perjury that the foregoing is true and correct.	100 relete
PH	none caric flameble	COTTOSÍVEemplosíve	-•	ature of authorized agent and title
Bulk Volume: 320	C Lan Leons	harrels other (specify)	The site operator shall submit a legible co State Department of Health with monthly fee	py of each completed Record to the reports.
Containers:(Number	O Cartona			
Physical State:	Cooled Plaqued	hegsother	() ()	
Special Handling Instr	- 7	sludge other (specify)	PX AURSI	189
- special ministra			T U MONSO	
		^	′	065
The waste to descr	thed to the heat of my shall	his and is and delinered to	•	Nº 208
The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable) FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING				
I certify (or decl of perjury that the and correct.	are) under penalty e foregoing is true.	Chaldterant	HAZARDOUS WASTE OR OTHER MATERI	